b. CITY (If outside corporate limits, write RURAL and give township) TOWN ANAS (17Y) d. FULL NAME OF (if not is benefited of insultration, give street address or location) HOSPITAL OR 362/CLEVELAND AVENUE 3. NAME OF (if not is benefited or insultration, give street address or location) NOSTITUTION 362/CLEVELAND AVENUE 3. NAME OF (if not is benefited or insultration, give street address or location) DECEASED (Type or Print) DECEASED (Type or Print) 10a. USUAL OCCUPATION (c)the kind of work door work doors during not of working life, were if retired) 10b. KIND OF BUSINESS OR IN- DOOR OF RACE 13b. MOTHER'S MAIDEN NAME 13b. MOTHER'S MAIDEN NAME 13b. MOTHER'S MAIDEN NAME 15b. CAUSE OF DEATH Elected City conscious per line for (a), (b), and (c) "This does not meen the discusse, finjury, or compiler the mode of giring, such as heart-failure, esthemia, for the mode of giring, such as heart-failure, esthemia, for the death but not rate of giring, such as heart-failure, esthemia, the discuss, (rajury, or compiler failure, esthemia, the mode of giring, such as heart-failure, esthemia, the first dot the descent or or ordition constributing to the death but not of giring, such as heart-failure, esthemia, the mode of giring, such as heart-failure, esthemia, the mode of giring, such as heart-failure, esthemia, the failure of the death but not of giring, such as heart-failure, esthemia, the failure of the death but not of giring. The fail			THE DIVISION C	OF HEALTH OF MISSOU	RI	4000
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 		EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by______

Student Embalmer No
igned Robert Ray
14100
Licensed Embalmer No.
P. O. Address K 211595 City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.